

Leading & Championing Performance Improvement: A Workshop for Local Health Officials



Objectives

- Understand performance improvement and related activities
- Understand characteristics of a culture of performance improvement
- Understand leadership attributes that support a culture of performance improvement
- Understand strategies to cultivate an organizational culture



Overview of Performance Improvement

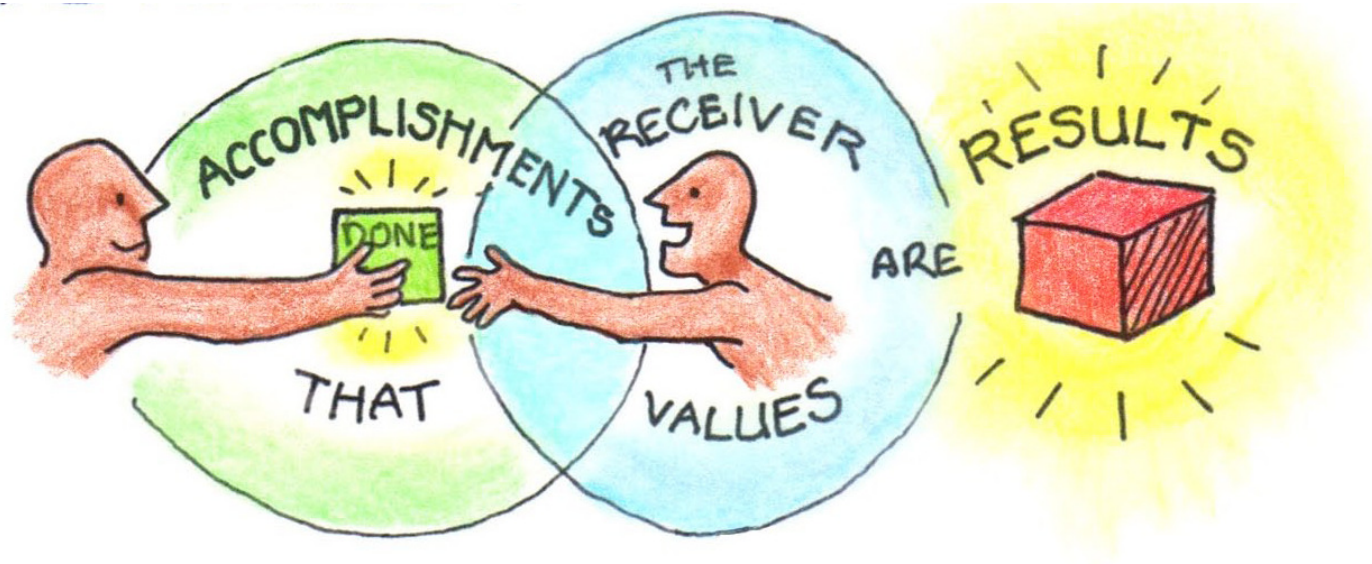
What is performance improvement?



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First, focus on “Results...”

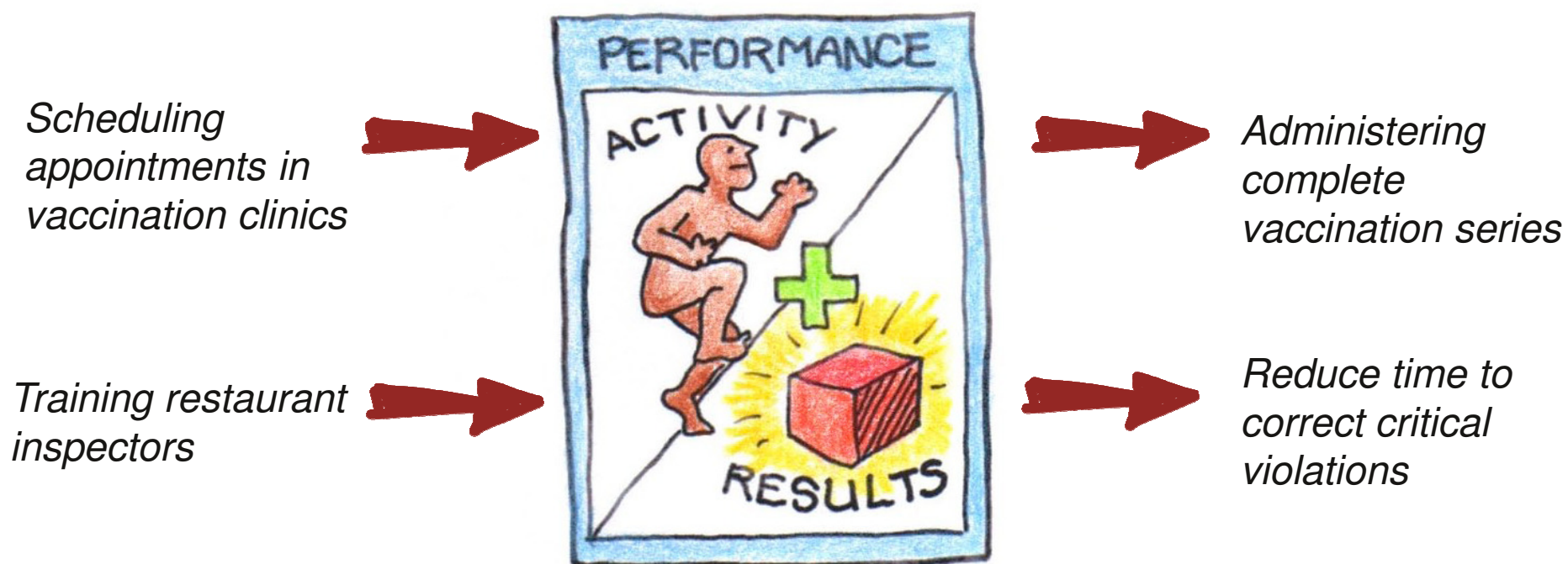


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Source: International Society for Performance Improvement

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“Performance” is

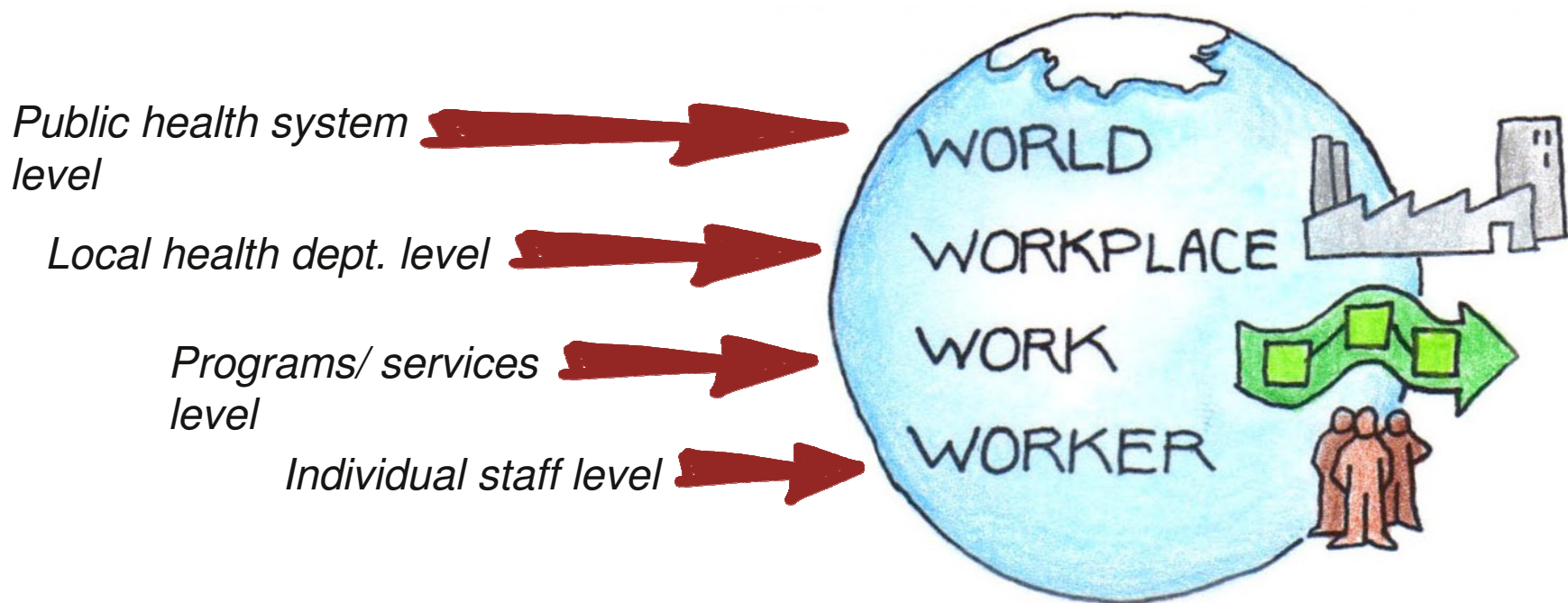


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Source: International Society for Performance Improvement

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4 Levels of Performance



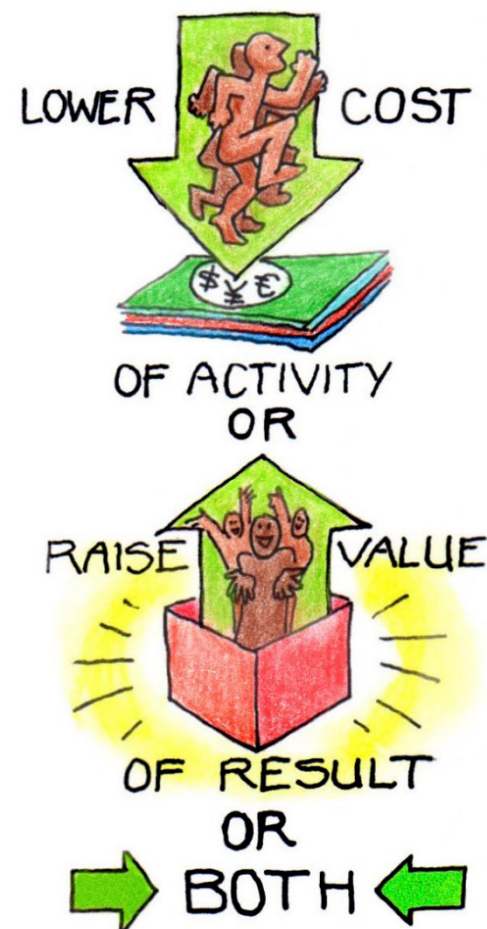
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Source: Adapted from International Society for Performance Improvement

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What does improved performance look like?

But, wait.....
how do you achieve this?...



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Source: International Society for Performance Improvement

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Performance Improvement is...

*A framework which **assesses and measures** the current level of performance and **generates ideas and plans** for modifying organizational behavior and infrastructure in order to achieve **improvement**.*

Source: Definition adapted from International Society for Performance Improvement



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What is Performance Improvement in Public Health?



What is Performance Management System?

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



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Source: Turning Point Performance Management Collaborative

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What is Quality Improvement?

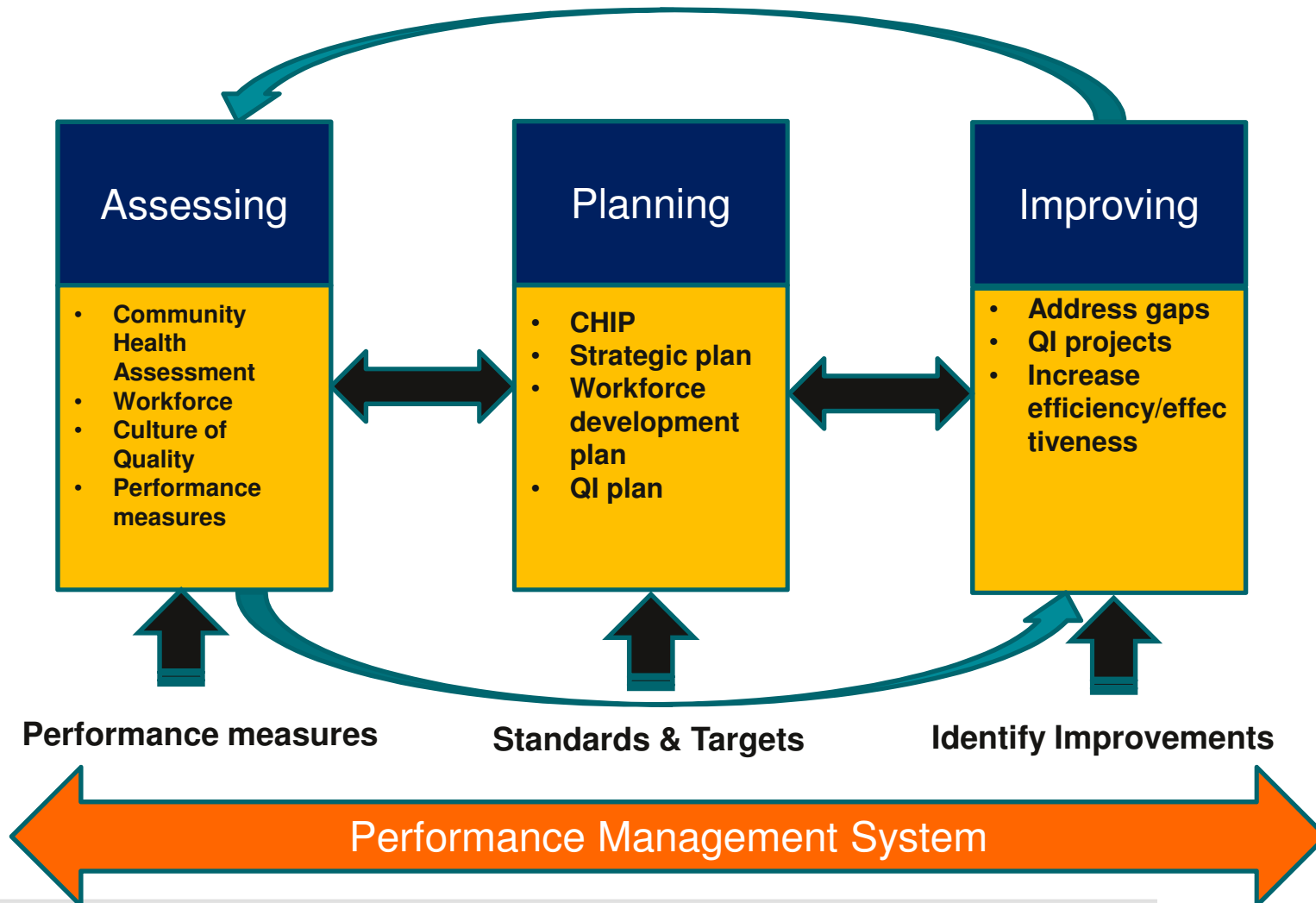
A formal approach to the analysis of performance of a process and systematic, data driven efforts to improve resulting outcomes.

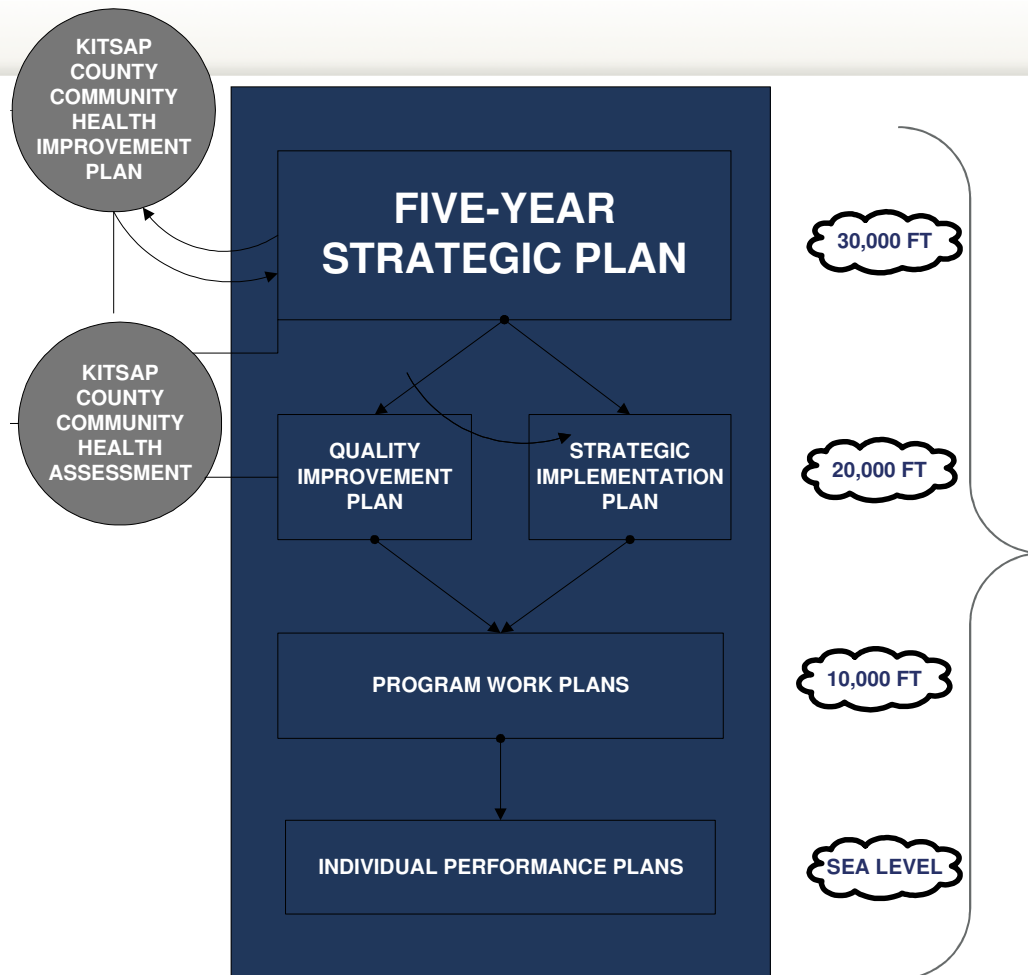
Characterized by:

- Examination of current performance
- Examination of current process (not people!)
- Information based problem solving
- Small scale testing
- Measurable, incremental improvement



Performance Improvement Framework





Performance Management System

- Goals, objectives, measures, targets, results
- Measurement and analysis
- Review actual-to-target performance
- Report results
- Identify improvements/update plans

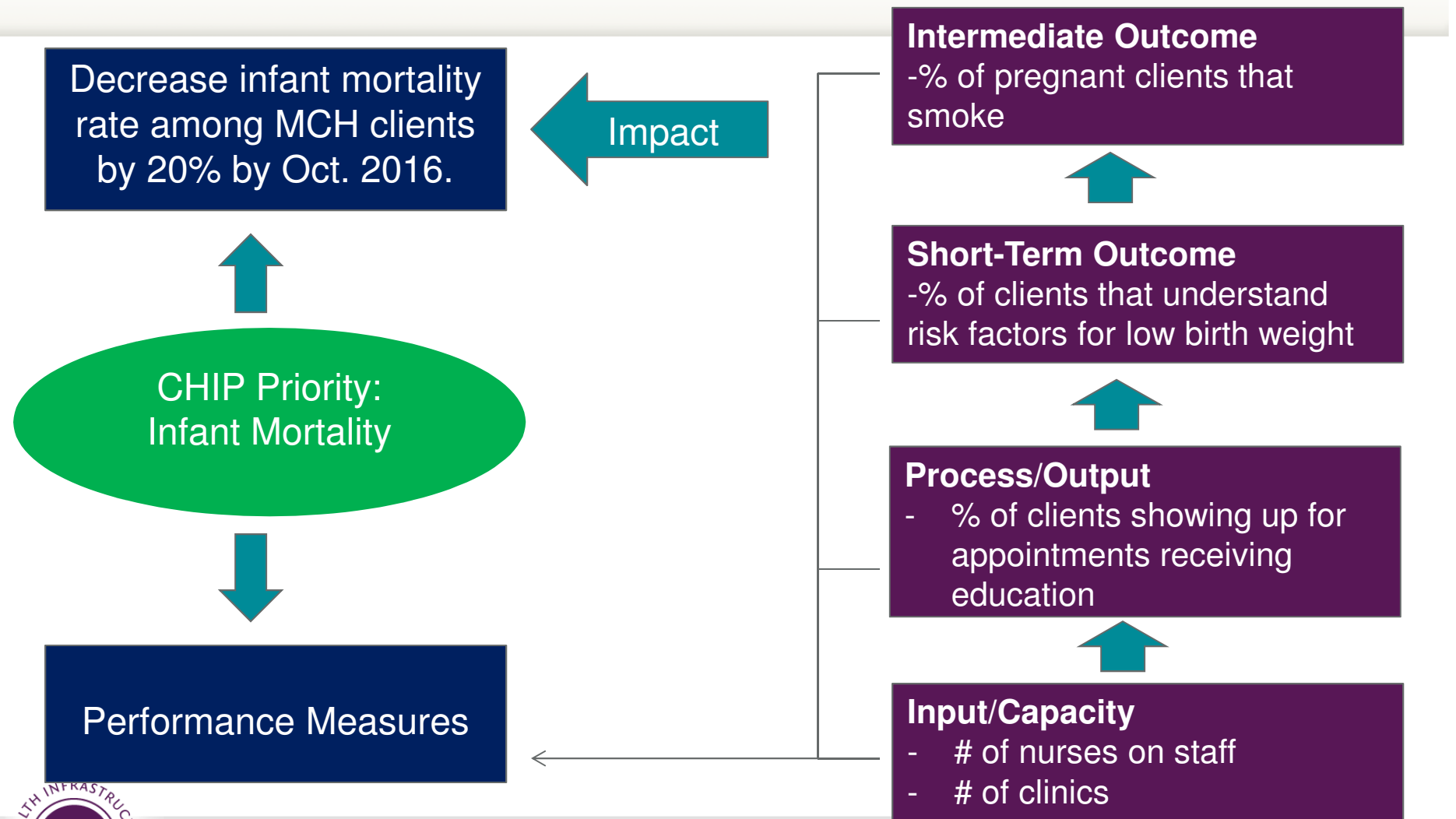


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* Adapted from Kitsap County Health Department

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Linking Performance Measures: Example



What is a Culture of Quality?



Culture of Quality = Performance Improvement + 'The Human Element'



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What does a 'Culture of Quality' look like?

- Motivation through innovation and vision
- Continuous improvement
- Data-driven decision making
- Customer focus



Building a Culture of Quality



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Source: NACCHO's Roadmap to a Culture of Quality

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Assessing your Culture: NACCHO Roadmap to a Culture of Quality



Phase 1: No
Knowledge
of QI

Phase 2:
Not
Involved
with QI

Phase 3:
Informal or
Ad Hoc QI

Phase 4:
Formal QI
in Specific
Areas

Phase 5:
Formal
Agency-
Wide QI

Phase 6:
Quality
Culture



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Leadership Principles and Styles



A Leadership Story



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Organizational Leader

Leadership: Providing *direction* and *inspiration* through the use of *social influence* to maximize the efforts of others, towards the achievement of a goal.



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Traditional Leaders (Managers):	PI Leaders:
Administer	Innovate
Maintain	Develop
Control	Inspire
Meet shorter-term goals	Create long-term vision
Ask how and when?	Ask what and why?
Keeps eye on the bottom line	Keeps eye on the horizon
Does things the right way!	Does the right things!



Leadership Styles

- Autocratic
- Democratic
- Laissez-Faire



Assess Your Leadership Style!



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Assessment taken from: Northouse, P. *Introduction to Leadership: Concepts and Practice*. (2011).

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The Autocratic/Authoritarian Leader



- Maximum power and decision making authority
- Minimum staff consultation
- Structured reward and punishment

The Democratic/Participative Leader



- Engages employees in decision making
- Encourages participation
- Coaches and mentors
- Very transparent
- Results are slow but quality is high
- Maintains the final say



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The Laissez-Faire/Delegative Leader

- “Hands off approach”
- Staff have freedom to make decisions
- Little or no direction provided
- Employees determine goals, make decisions and resolve problems
- Leader-manager monitors
- Leaders provide the tools/resources



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What is your leadership style?

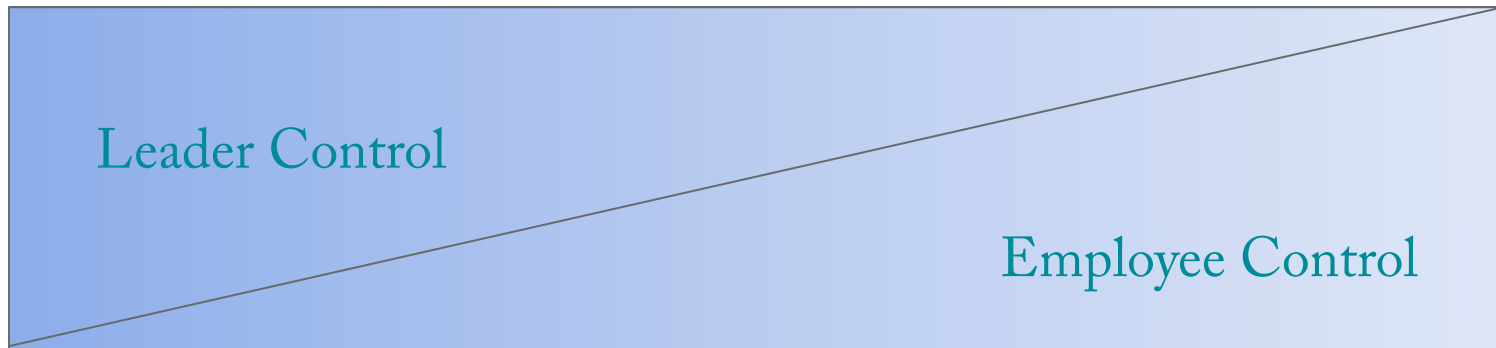


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Spectrum of Leadership Styles

Top-Down ← → Bottom-Up



Autocratic/
Authoritarian

Democratic/
Participative

Laissez-
Faire/Delegative



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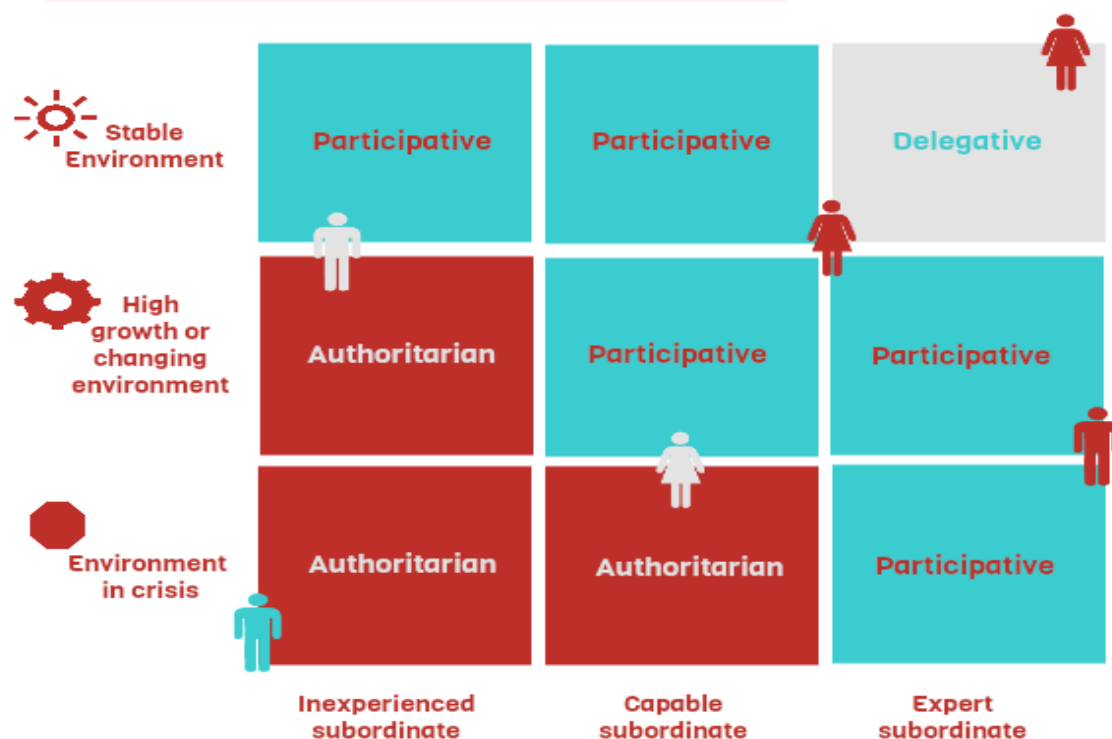
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Situational Leadership Theory

leadership styles



There is no one right style of leadership



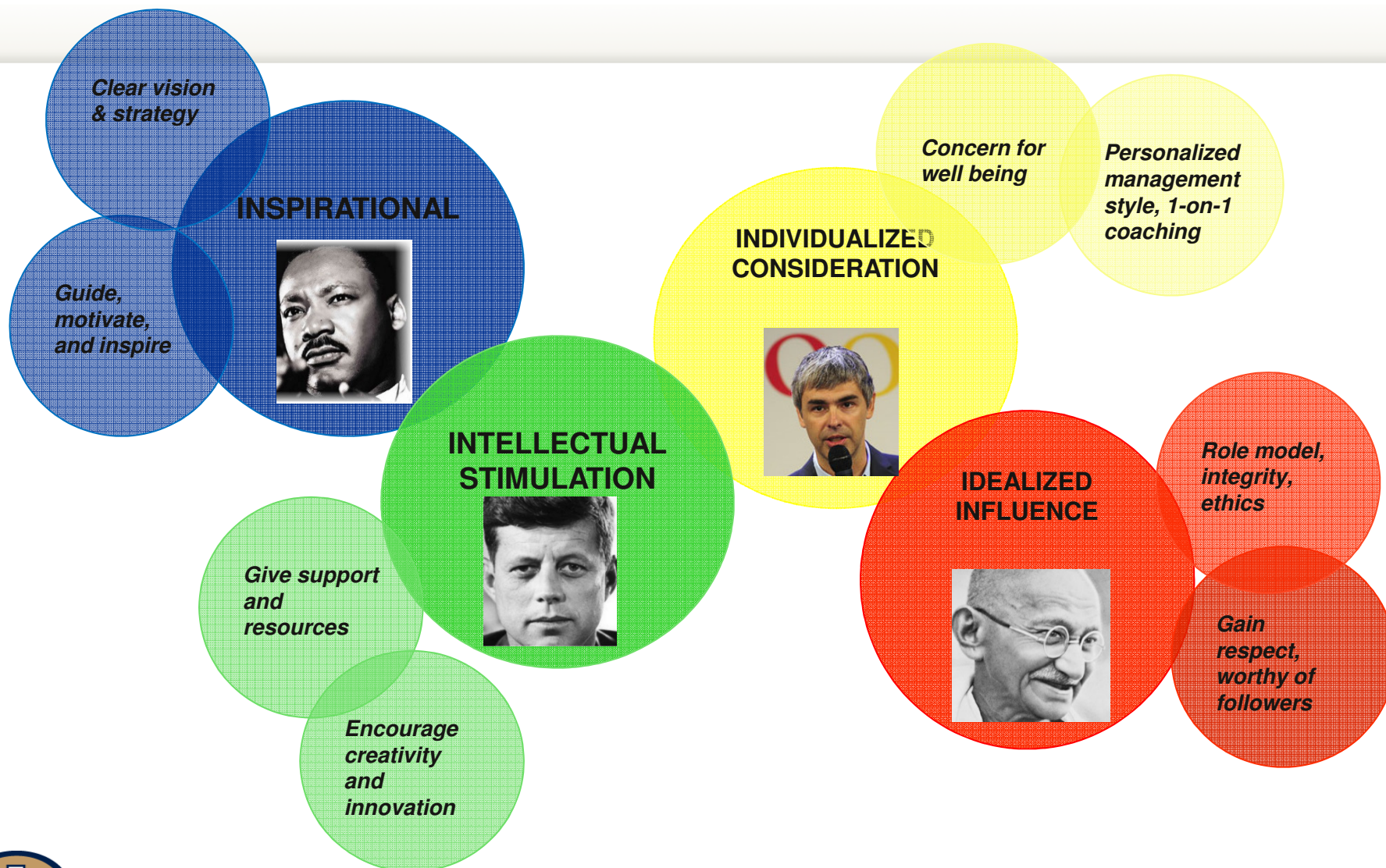
The leadership style that you use depends on the needs of the person you are leading and the needs of the environment.



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Leadership Characteristics for PI



(Source: Bass & Avolio , 1994)



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Creating a Culture of Quality:

Using Performance Improvement to Tell the Story of Public Health in
Yolo County



JILL COOK, HEALTH AND HUMAN SERVICES AGENCY ASSISTANT DIRECTOR
JAN BABB, COMMUNITY HEALTH BRANCH DIRECTOR
EMILY VADEN, ACCREDITATION COORDINATOR

Objective

After our presentation, we hope you will see Performance Improvement as:

- Manageable
- Valuable
- Invigorating
- Empowering for staff

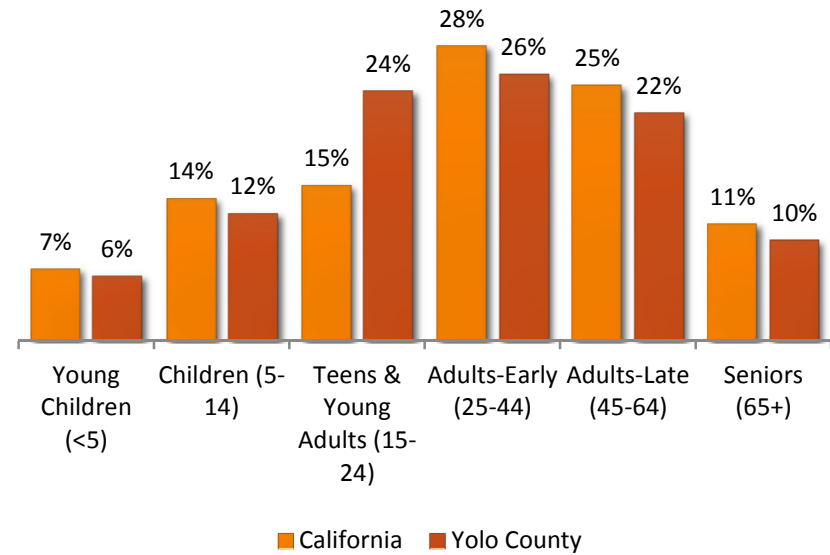


Yolo Demographics

Population: 207,000

Age Groups, Percent of Population: 2007-2011

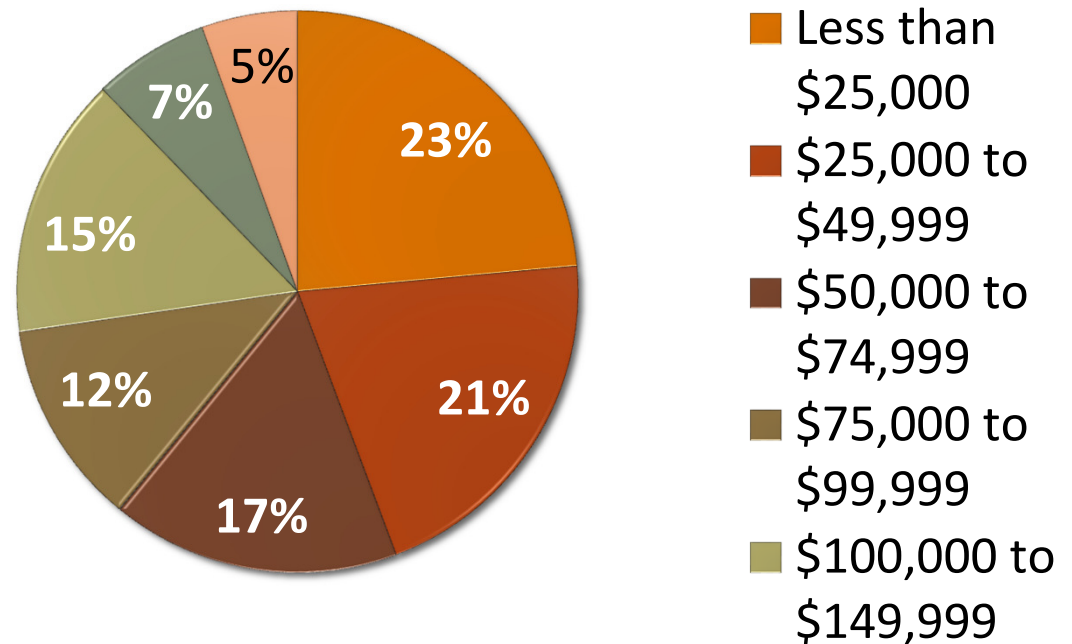
Population by Race: 2007-2011				
Race	California		Yolo County	
	Number	Percent	Number	Percent
White	22,860,341	62%	132,734	67%
Black/African American	2,252,129	6%	5,006	3%
American Indian/Alaska Native	287,712	1%	2,485	1%
Asian	4,825,271	13%	25,626	13%
Native Hawaiian/Other Pacific Islander	141,382	0.4%	1,112	1%
Some Other Race	5,142,478	14%	20,510	10%
Two or More Races	1,459,887	4%	11,416	6%



Yolo Demographics Cont.

~50,000 residents (24%)
of Yolo County residents
are enrolled in MediCal

**Household Income, Yolo County:
2007-2011**



Organizational Overview



Operational Excellence



Leadership
Development &QI

Strategic Planning

Feedback & Updates

Employee Satisfaction
Surveys

CQI/PDCA Training

Operational Excellence



Vision Set by Leadership

Leveraging Current State

Selection of CQI Teams

Tools and Support

Leadership
Development & QI

Strategic Planning

Feedback & Updates

Employee Satisfaction
Surveys

CQI/PDCA Training

Operational Excellence



Practical Application

Relationship Building

Eye on the Big Picture

Vision Set by Leadership

Leveraging Current State

Selection of CQI Teams

Tools and Support

Leadership
Development & QI

Strategic Planning

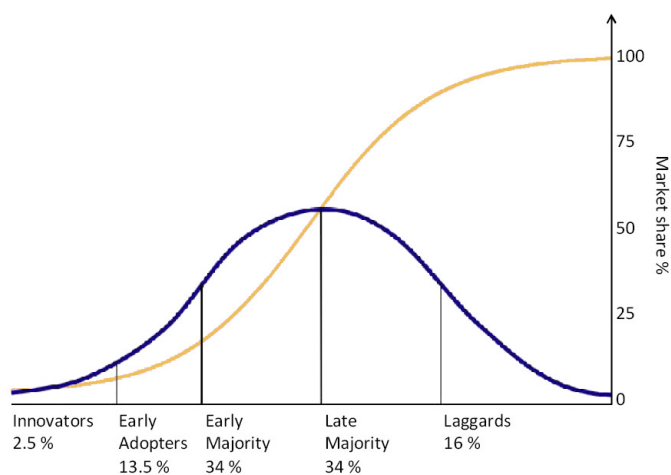
Feedback & Updates

Employee Satisfaction
Surveys

CQI/PDCA Training

Getting Staff Buy-In

DIFFUSION OF INNOVATION



KEY COMPONENTS

Modeling CQI

- Meeting evaluations
- Incorporating and reviewing those regularly

Communication

- Regular and consistent
- Accreditation/QI as standing item on all-staff meetings
- “Documentation Hall of Fame” and “Roadmap to Accreditation” posters

NACCHO QI Road Map Tool

First assessment: Oct 2014
Second assessment: June 2015

Scoring:

0 – nothing in place

1 – just getting started

2 – moving in the right direction

3 – adequate; have made good progress over the last year

4 – very good performance; plans in place to expand QI efforts throughout the organization

5 – QI is institutionalized

Foundational Element	Pre-training Average Score	Post-training Average Score
Leadership commitment	2.33	2.71
QI Infrastructure	1.50	1.79
Employee empowerment and commitment	0.58	1.54
Customer focus	2.83	2.50
Teamwork and collaboration	1.58	2.86
Continuous process improvement	0.83	1.71

Performance Measures

ALCOHOL DRUG & MENTAL HEALTH

- Average time to enter data into Avatar

CALIFORNIA CHILDREN'S SERVICES

- Percent of clients 18 & older with a transition plan

COMMUNICABLE DISEASE

- Percent of completed CD reports

NUTRITION EDUCATION AND OBESITY PREVENTION

- Percent of county residents who recognize the branding for Harvest of the Month campaign

IMMUNIZATIONS

- Percent of NHV clients who have up to date records in CAIR

WOMEN, INFANTS AND CHILDREN

- Number of WIC appointments lost to follow-up each month

Operational Excellence



Lessons Learned

- 1) Change management
- 2) “Keep it Real”
- 3) Separate accreditation from performance improvement

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”

~ Aristotle



Paving the Way for a Performance Improvement Culture : Leading and Managing Change

Forces of Change



Economic factors:

- Budget cuts, job losses, changes in services

Clinical care environment:

- Clinical service delivery, billing third-party payers

Public health transformation:

- Collaboration with non-profit hospitals, collaboration with primary care providers

www.nacchoprofilestudy.org/forces-of-change



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What is Change Management?

Change management involves the selection of strategies to facilitate the transition of individuals, teams, or organizations from a current state of operation to the new, desired state.



Types of Change

- **Process** change >> discrete QI, PDCA cycles
- **Technological** change >> infrastructure, systems
- **Structural** change >> organizational hierarchy, objectives, roles
- **Personnel** change >> hiring, turnover, layoffs
- **Transformational** change >> shift in culture



Managing Change



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Leadership Role in Managing Change for PI

PI: The “Human” Element

- What is the organizational leadership style?
- Is there senior leadership and middle management buy-in to QI?
- Are leaders trained in quality management?
- How does leadership communicate about QI?
- Do leaders serve as good QI role models and mentors for employees?
- Do leaders continuously assess and address employee resistance to QI?

PI: The “Technical” Side

- Is there a process to hold employees accountable to QI?
- Are adequate resources dedicated to building a quality culture?
- Do leaders have a clear vision for the future culture of quality?
- Do leaders engage in data driven decision making?
- Have leaders adopted organizational policies and plans that support a culture of quality?



Sources of Resistance to Change

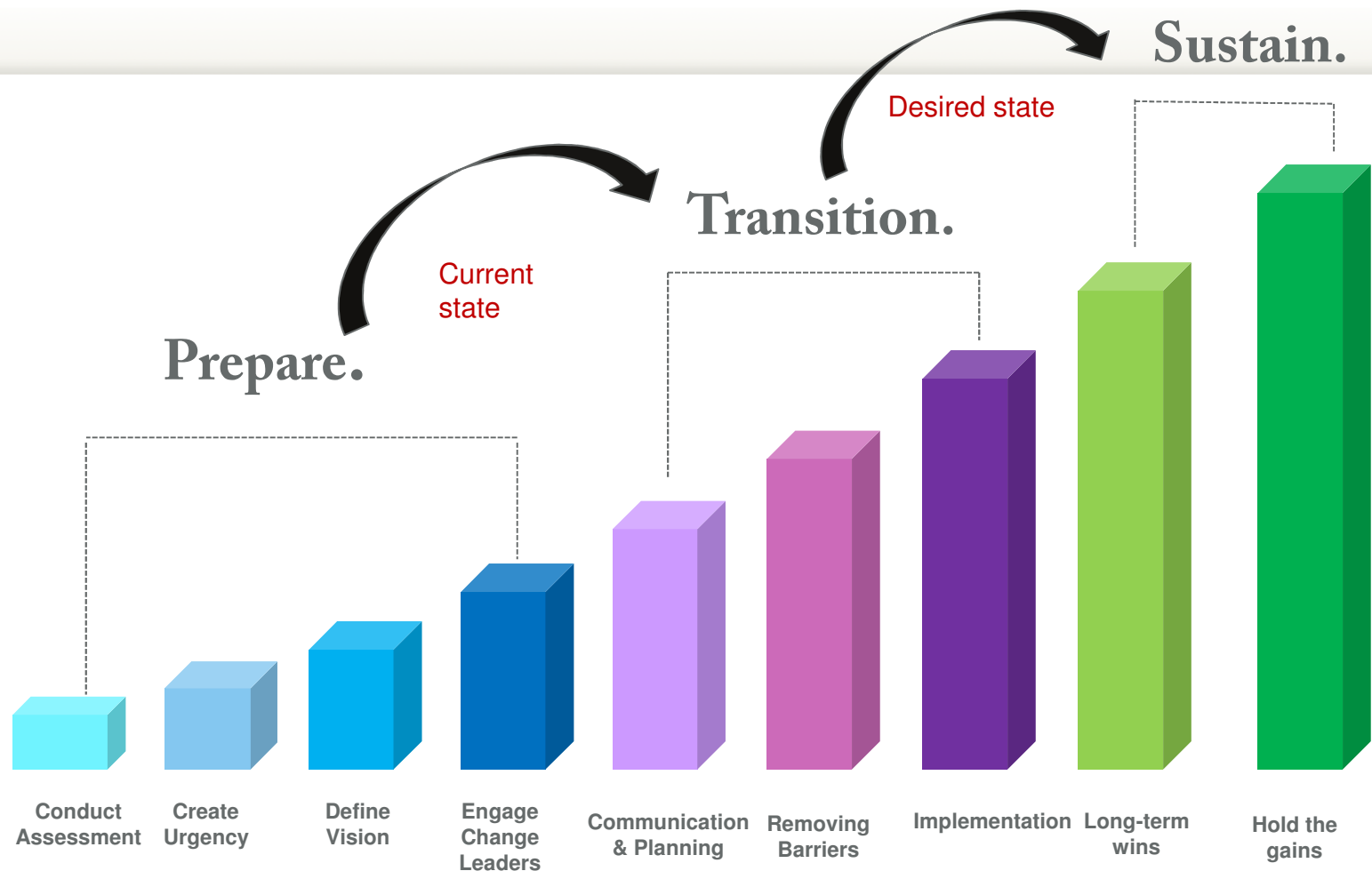
- **Loss of control** >> *“Don’t tell me how to do my job!”*
- **Uncertainty** >> *“What does this mean for me?”*
- **Surprises** >> *“Where did this come from?”*
- **Excessive change** >> *“Oh no! What now?”*
- **Fear of blame** >> *“Was I not doing a good job?”*
- **Lack of skills** >> *“I don’t know how to do this!”*
- **Ripple effect** >> *“What have you done?”*
- **More work** >> *“There is no time!!”*
- **Past resentment** >> *“Here we go again”*



Managing Resistance to Change: PI Messaging

- It is not about the people, but the process
- Not more work, better work
- It gets easier
- PI is an agency value
- Peer influence
- PI is a part of everyone's job





** Adapted from Kotter's 8-step model and Lewin's 3-phase model for change management*

Phase 1: Preparing for Change

Barriers

- Staff resistance
- Feasibility
- Unclear vision

Key Steps

- Assess readiness
- Increase urgency
- Define the vision
- Engage change leaders (e.g. PI champions, QI council)



Phase 2: Transition

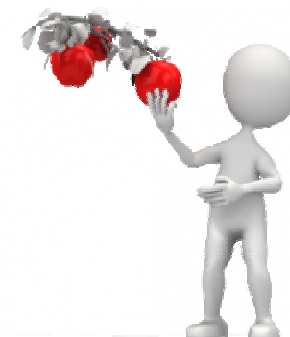
Barriers

- Unrealistic expectations
- Staff resistance/frustration
- Inadequate skill set
- Lack of transparency



Key Steps

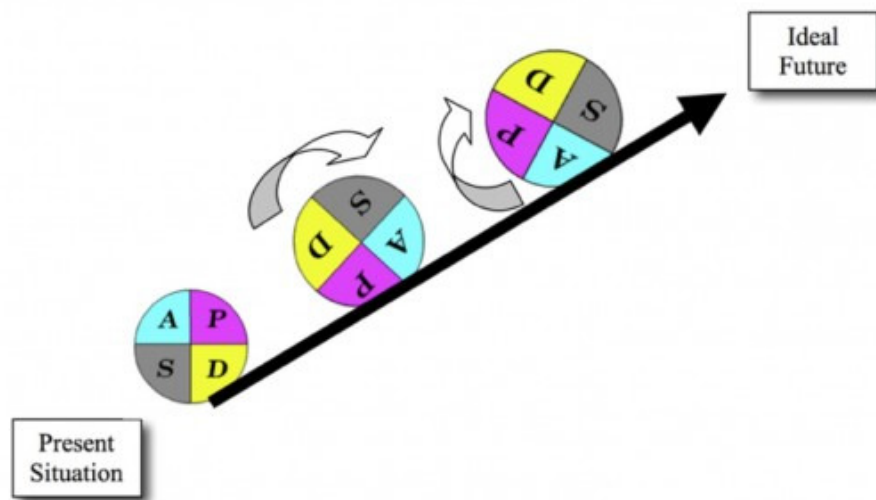
- Communicate
- Remove sources of resistance
- Plan and Short-term implementation



Phase 3: Sustain

Key Steps

- Create long-term wins
- Hold the gains



Barriers

- New staff resistance
- Turnover
- Lack of formal policy
- Declaring victory too soon



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Thank you! Questions?

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